



KIIKENOMAGA KIKENJIGEWN EMPLOYMENT & TRAINING SERVICES

Suite 300, 3rd Floor - 28 Cumberland St. N. | Thunder Bay, ON | P7A 4K9
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www.kkets.ca

APPLICATION FOR ABORIGINAL SKILLS ADVANCEMENT PROGRAM

Please allow a minimum of 4 to 6 weeks for processing your application prior to the beginning of your training course or funding assistance. All information must be completed in order to qualify for a KKETS sponsored training program. Certain criteria needs to be met.

Please fill out the following forms in order for you application to be processed. Also attach copies which **MUST** accompany your application forms;

- ✓ Copy of Status Card
- ✓ Copy of SIN Card
- ✓ High School Transcript
- ✓ Dependents Identification (if Childcare is required)

PLEASE NOTE: Kiikenomaga Kikenjigewen Employment & Training Services staff may be in contact with you to ask questions in regards to your request. **No third party involvements** will be allowed to inquire about your application; this includes parent, guardian, partners or friends. Ensure that you provide accurate contact information where you can be reached.

Thank You.



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

PARTICIPANT INFORMATION FORM

Social Insurance Number:		
First Name:	Maiden Name (If applicable):	
Last Name (legal) :		
Address:		
City/Town:	Province:	Postal Code:
Home #:	Cell #:	Other #:
Email Address:		
D.O.B (dd/mm/year/):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Aboriginal Group: Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>		
Name of Band:	Do you live on reserve? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Status Registry Number:		
Do you consider yourself; a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Specify: _____		
Marital Status: Single <input type="checkbox"/> Married/Equivalent <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Name of Spouse: _____		
Number of Dependents (living with you – list names and ages): _____ 1 <input type="checkbox"/> _____ 2 <input type="checkbox"/> _____ 3 <input type="checkbox"/> _____ 4 <input type="checkbox"/> _____ 5 <input type="checkbox"/>		
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Ojibway <input type="checkbox"/> French <input type="checkbox"/> Other, Please Specify: _____		
Education: <input type="checkbox"/> No formal Education <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 Have you ever attended LAEC (Adult Ed) in Thunder Bay?: <input type="checkbox"/> Yes or <input type="checkbox"/> No How Many High School credits do you have: _____ Last Year Attended School: _____ Last School Attended: _____		

What type of accommodations do you have while attending the ASAP Program?

Private/Room & Board Apt/Home Rental

Renter /Private Accommodation Information:

Name: _____
Address: _____
Phone #: _____
Email: _____

CERTIFICATES (i.e. First Aid/WHIMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety etc.)

Certification	Level	Registrar	Expiry Date
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1.			
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2.			
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LICENSES

Class	Province	Expiry Date
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1.		
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2.		
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Do you have reliable Transportation? Yes No

TRADITIONAL/CULTURAL SKILLS: (i.e. Trapping, hunting, fishing, beading, painting, carving, woodworking, drumming, dancing, elder, ceremonial, storytelling, writing)

EMPLOYMENT HISTORY (starting from most recent work experience)

Employer	Job Title	Dates	Reason for Leaving
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1.			
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2.			
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3.			
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A clean criminal record? Yes No Not sure

Volunteer Work: (Include Board or Councils)

1.

2.

Computer/Technology Skills? Microsoft Word Microsoft Excel PowerPoint
 Email/Internet Search Office Phone Systems GIS
Other;

Would you need childcare? Yes No

Please List your Child Care providers contact information below:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Email: _____

Source of Income: (Employment status)

Employed Underemployed (less than 20hrs/wk.) Unemployed Self-Employed

Canada Pension Workers compensation Private Insurance Family Benefits OW

PLEASE SUBMIT A COPY OF YOUR MOST RECENT INCOME STATEMENT

Are you currently attending Addiction Intervention/Treatment? Yes No

If Yes, What Type: _____ Milligrams (MG): _____

If Yes, How do you plan to manage Treatment while Attending ASAP Programming? _____

Barriers to Employment- check all that apply:

None Remoteness Language Education Economic Dependent Care

Lack of Work Experience Lack of Transportation Physical, Emotional or Mental Health

Other:

GOALS AND INTERESTS;

What are your academic goals?

Literacy and Basic Skills completion (LBS) College Other

Ontario Secondary School Diploma (OSSD) University

Are you Interested in Apprenticeship Skills Training? YES NO

If Yes, In what Trade? _____

What have you done in the past that you have enjoyed? _____

What type of work can you see yourself doing? What are your hopes and dreams? _____

I, _____ hereby declare that the information provided is true and complete to my knowledge and I understand a false statement may disqualify me. I acknowledge that I am providing this information in connection with my participation in Aboriginal Skills Advancement Program.

Signature of Participant:

Date:



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EMPLOYMENT INSURANCE VERIFICATION AND AUTHORIZATION

Last Name:	First Name:	Intl:
Social Insurance Number:	Date of Birth: (dd/mm/year)	
Street Address:	Apt# or P.O Box #	
City/Province:	Postal Code:	
<p>ARE YOU PRESENTLY WORKING (FULL OR PART TIME, TEMPORARY, CASUAL, ON CALL)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>Generally, if you are Employed, you cannot quit a job to participate in a government-funded labour market program</i></p>		
<p>ARE YOU PRESENTLY IN RECEIPT OF EMPLOYMENT INSURANCE (EI) BENEFITS?</p> <p><input type="checkbox"/> NO</p> <p>IF NO, HAVE YOU WORKED IN THE LAST 52 WEEKS?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>IF YES, PLEASE FILL AN APPLICATION FOR EI BENEFITS ALONG WITH THIS FORM AND THE RECORD(S) OF EMPLOYMENT. YOUR APPLICATION WILL BE GIVEN PROIRITY.</p> <p><input type="checkbox"/> YES</p> <p>IF YES, DID YOU WORK DURING YOUR EI CLAIM?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>IF YES, ARE YOU STILL WORKING?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>IF NO, PLEASE TELL US WHY YOU ARE NO LONGER WORKING:</p>		
<p>I hereby authorize Kiikenomaga Kikenjigewen Employment & Training Services to release information about the status and benefit rate of my Employment Insurance claim to the organization or person identified below in order to determine my eligibility in to participate in an Aboriginal Skills Advancement Program (ASAP) and income supports. This authorization will remain in effect unless I give written instruction to cancel this release of information.</p>		
Signature:	Date:	



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

CONSENT TO REQUEST AND RELEASE INFORMATION

In compliance with the legislated Personal Information protection Act. Consent, by signing this form is required by clients for the collection of personal information, which will be used solely for the following. At no time will this information be disclosed and used for any other purpose, unless the client agree and Kiikenomaga Kikenjigewen obtains another signed consent form from clients.

To administer and evaluate the effectiveness of Kiikenomaga Kikenjigewen Employment & Training Services (KKETS) programs and services, personal information about the client is requested by Service Canada (HRSDC). Primary Funding Agencies and Organizations providing training (training deliverers).

Other organizations as described below may be contacted in order to obtain appropriate facts, which aid in making informed decisions.

1. Consent for Kiikenomaga Kikenjigewen Employment & Training Services (KKETS) program and services and/or Lakehead Adult Education Centre (LAEC) to retrieve my education records from my previous schools and/or education centres.
2. To confirm a client's request for funds, information may be required directly from;
 - A. The federal government about exhausted EI benefits or current status on EI claims and child care subsidies.
 - B. Ministry of Community and Social Services, First Nation or municipality Social Services office about receipt of social assistance.
 - C. Workers Safety Insurance Board or other Disability insurers about receipt of Workers Safety Insurance Board.
 - D. Other relevant agencies
3. Information will be required when individual's origin is outside the KKETS area but the client resides in the KKETS area and is requesting financial assistance. Information may be requested from other primary funding agencies in other provinces when a client is requesting financial assistance and he/she originates from that province but is living in the KKETS area or vice versa.
4. Verification of First Nation Status and affiliation must occur prior to assessment of request. A KKETS staff member and a First Nation Membership Clerk/Band Administrator will confirm this information.
5. Participant information may be provided to an employer when making referrals to potential jobs.
6. Clients may be referred to other partner agencies or organizations to access other services.

7. Client may receive follow-up services for the period of at least one year upon completion of KKETS; Education, Apprenticeship/Training Programs. A KKETS staff will work with its clients to ensure; adequate supports have been received, barriers/challenges to employment have been removed, upcoming education/training/apprenticeship and employment opportunities are regularly communicated and education/training and employment goals have been achieved. In order for KKETS to provide this service, it is required that the client will maintain contact with KKETS staff and First Nation Employment Community Coordinators by providing up-to-date contact information such as; telephone number, address and email for these purposes.

8. Should I be successful in obtaining funding from KKETS, I will allow KKETS to publish my name as a participant on a project funded through KKETS.

I have read this document, or have had this document read to me and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described herein.

I, _____ for which purpose my personal information has been requested by and may be disclosed to Kiikenomaga Kikenjigewen Employment & Training Services.

Signature: _____

Date: _____



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

Photo/Video Consent to Release Form

The undersigned does hereby authorize KikenoMaga Kikenjigewin Employment & Training Services and/or its associates, assistants, or subcontractors to photograph/record or use a photograph/video for educational and commercial purposes.

Name (please print)

The undersigned authorizes KKETS to permit the use and display of said photographs and/or recordings in any publication, multimedia production, display or advertisement.

The undersigned agrees that the KKETS may use name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges KikenoMaga Kikenjigewen Employment & Training Services, its agents, officers or employees from any and all claims and demands arising out of or in connection with the use of said photography/recordings, including but not limited to, any claims of invasion of privacy or defamation.

I am 18 years of age or older, and I am competent to sign in my own name. I have read this form before signing, and I fully understand the contents, meaning and impact of this Consent and Release Form.

Signature: _____

Date: _____